

Facility Resource Emergency Database (F R E D) Application for Participation

Organization Name:				
Owner/Assisted Living Manager:				
Address: _____				
City:	State:	Zip Code:		
E-Mail:				
Office Phone Number:	Fax Number:	Pager Number:		
I designate the following person to manage the user of FRED within our organization.				
Name:				
Address: _____				
City:	State:	Zip Code:		
E-Mail:				
Office Phone Number:	Fax Number:	Pager Number:		
Our organization may be classified as a (an) (Check All that Apply).				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hospital <input type="checkbox"/> 911 EMS Agency/Fire Department <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Local Health Department <input type="checkbox"/> Local Emergency Management Agency <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Nursing Home/LTC Facility </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Federal Law Enforcement <input type="checkbox"/> State Health Department <input type="checkbox"/> State EMS Agency <input type="checkbox"/> State Emergency Management <input type="checkbox"/> Local Public safety Answering Point <input type="checkbox"/> 911 Dispatch Center <input type="checkbox"/> Other: </td> </tr> </table>			<input type="checkbox"/> Hospital <input type="checkbox"/> 911 EMS Agency/Fire Department <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Local Health Department <input type="checkbox"/> Local Emergency Management Agency <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Nursing Home/LTC Facility	<input type="checkbox"/> Federal Law Enforcement <input type="checkbox"/> State Health Department <input type="checkbox"/> State EMS Agency <input type="checkbox"/> State Emergency Management <input type="checkbox"/> Local Public safety Answering Point <input type="checkbox"/> 911 Dispatch Center <input type="checkbox"/> Other:
<input type="checkbox"/> Hospital <input type="checkbox"/> 911 EMS Agency/Fire Department <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Local Health Department <input type="checkbox"/> Local Emergency Management Agency <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Nursing Home/LTC Facility	<input type="checkbox"/> Federal Law Enforcement <input type="checkbox"/> State Health Department <input type="checkbox"/> State EMS Agency <input type="checkbox"/> State Emergency Management <input type="checkbox"/> Local Public safety Answering Point <input type="checkbox"/> 911 Dispatch Center <input type="checkbox"/> Other:			
Signed:		Date:		
Printed:				
Contact Information				
Mail to:	Region III Office Maryland Institute for Emergency Medical Services Systems 653 West Pratt Street Baltimore, Maryland 21201 OR			
Fax:	(410) 706-8530			